

PLUMBING INSPECTION APPLICATION

North Canton, Ohio

Application Date _____	F E E S	Permit \$ _____
Permit Number _____		Penalty \$ _____
		Total \$ _____

Property Address _____ Lot # _____

Owner _____ Phone # _____

Address _____

Contractor _____ Phone # _____

Address _____

Type Improvement	Proposed Use		Date	Result	Insp.
<input type="checkbox"/> New Bldg.	<input type="checkbox"/> One Family	<input type="checkbox"/> Accessory Bldg.	Service		
<input type="checkbox"/> Addition	<input type="checkbox"/> Two Family	<input type="checkbox"/> O.B.B.C.	Rough		
<input type="checkbox"/> Water Service	<input type="checkbox"/> Three Family	<input type="checkbox"/> Other _____	Final		
<input type="checkbox"/> Back-Flow					
<input type="checkbox"/> Alteration					
<input type="checkbox"/> Other _____					

Additional comments on reverse side.

Building area of all floors _____ sq. ft.

Approval Date _____

Inspector Signature _____

Sup't. P&I/C.B.O. _____

I agree to conform to all applicable Laws of the City of North Canton and the State of Ohio.

Contractor _____